

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS		4/14
O.I.P.E. CLASSIFIER			4-14-99
FORMALITY REVIEW		700008	4-20-99

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/8/2
2	✓	✓	5/8/2
3	✓	✓	5/8/2
4	✓	✓	5/8/2
5	✓	✓	5/8/2
6	✓	✓	5/8/2
7	✓	✓	5/8/2
8	✓	✓	5/8/2
9	✓	✓	5/8/2
10	✓	✓	5/8/2
11	✓	✓	5/8/2
12	✓	✓	5/8/2
13	✓	✓	5/8/2
14	✓	✓	5/8/2
15	✓	✓	5/8/2
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46	✓	✓	5/8/2
47	✓	✓	5/8/2
48	✓	✓	5/8/2
49	✓	✓	5/8/2
50	✓	✓	5/8/2

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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